

**BUREAU OF HEALTH CARE SERVICES – DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
INFORMAL DISPUTE RESOLUTION (IDR) REQUEST – LEVEL 2**

Please send this completed form with case materials to one of the following locations.

This IDR is to be reviewed by: (Check One)

☐ **Bureau of Health Care Services Staff** OR ☐ **MPRO - Facility agrees to pay fee for service. Include signed service agreement with case materials.**

Mailing Address:

**Enforcement Division/IDR Request
Bureau of Health Care Services/LARA
PO Box 30664
Lansing, MI 48909**

Mailing Address:

**MPRO
IDR Department
22670 Haggerty Road, Suite 100
Farmington Hills, MI 48335-2611**

Street Address:

**Enforcement Division/IDR Request
Bureau of Health Care Services/LARA
Ottawa Building, 1st Floor
611 W. Ottawa
Lansing, MI 48933**

Facility Name:	Survey Exit Date:	
Date Facility Received CMS-2567 Survey Report:	Event ID Number:	
	<input type="checkbox"/> Standard Survey OR <input type="checkbox"/> Abbreviated Survey	
1. List all tags (citations) requested for IDR (include scope and severity):		
2. Attach to this form your factual evidence that you believe refute the requested tags (citations) for IDR. Please explain if the attached evidence was not available at the time of the survey:		
Facility Contact Person:	Date:	Phone #:

Facility Service Agreement with MPRO for Michigan IDR

Description of Work:

MPRO agrees to act as an impartial, third party reviewer for the IDR appeal(s) based upon your request. Each IDR review will be completed by at least one qualified Registered Nurse. A determination will be submitted to the Michigan Bureau of Health Care Services, Licensing and Regulatory Affairs (BHCS/LARA) within 20 days of the receipt of both the case file and this signed service agreement. **Citations of substandard quality of care or immediate jeopardy will be reviewed by two nurses for a consensus decision.** Physician review of medical issues is available upon your request. This review is in addition to the nurse(s) review.

Payment:

By your request, you agree to pay for each tag reviewed according to the following payment schedule:

- Base fee per tag \$160
- Nurse review hourly rate \$145 (1/2 hour minimum –all regular reviews)
- Physician review hourly rate \$250 (1/2 hour minimum –only by special request)
- ☐ **Check here to request Physician Review** for Tag(s) _____

MPRO will mail an invoice upon completion of the requested review with this executed service agreement. Payment is due within 30 days of the invoice. Please make your check payable to MPRO and mail to 22670 Haggerty Road, Suite 100, Farmington Hills, MI 48335-2611, Attention: Financial Services. MPRO reserves the right to request pre-payment.

Indemnification:

You also agree to indemnify and hold MPRO, its directors, officers, employees, physicians, consultants and agents harmless from and against any claims, causes of action, liabilities, costs and /or expenses of any kind arising out of MPRO's performance of its responsibilities under this agreement associated with any lawsuit against said company, agents and physicians.

Confidentiality:

MPRO agrees to treat all information received in the course of its review activities as confidential with respect to persons or entities, with the exception of designated administrators of your facility for communication purposes. MPRO further agrees that such confidential information may not be used for any purpose by MPRO except to fulfill its review obligations.

Instructions:

Upon choosing an MPRO review, please include this signed agreement with your request form and case materials.

Mailing Address: **22670 Haggerty Road, Suite 100, Farmington Hills, MI 48335-2611, Attention: IDR Department.** MPRO will initiate the review upon receipt of this signed agreement and the review case file. Please note that BHCS/LARA will not delay enforcement actions pending an IDR review.

The parties have caused this Service Agreement to be signed by their duly authorized representatives and to be effective as of the date signed.

Facility: _____

Facility: **MPRO**

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Title: _____

Title: **President and CEO**

Date: _____

Date: _____

Pricing effective date 01-03-2005; revised 05/30/08; 07/18/08; 03/09/10, 11/2013 **The parties hereby incorporate the requirements of 41 C.F.R. §§ 60-1.4(a)(7), 60-250.5 and/or 60-300.5, 60-741.5, if applicable.**